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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

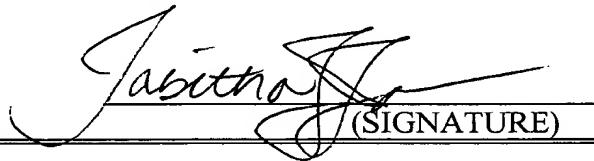
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I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

TABITHA JOHNSON
(SENDER'S PRINTED NAME)


(SIGNATURE)

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventors: Gregg Evan Rothermel, Margaret Myers Burnett and Lixin Li
For: METHODOLOGY FOR TESTING SPREADSHEETS

[If continuing application] This application is a [] continuation, [] divisional, [] continuation-in-part of prior application Serial No. _____.

Enclosures:

Specification (pages 1-32); claims (pages 33-41); bibliography (pages 42-46); abstract (page 47)

15 sheet(s) of drawings

Declaration or Combined Declaration and Power of Attorney

Newly executed (original or copy)

Copy from a prior application (37 CFR 1.63(d))

Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

Power of Attorney

Assignment with cover sheet

Certified copy of priority document:

Information Disclosure Statement with Form PTO 1449
 Copies of references listed on attached Form PTO-1449
 Declaration(s) Claiming Small Entity Status
 Independent Inventor (37 CFR 1.9(f) and 1.27(b))
 Small Business Concern (37 CFR 1.9(f) and 1.27(c))
 Non-Profit Organization (37 CFR 1.9(f) and 1.27(d))
 Non-Inventor Supporting Claim By Another
 Statement filed in prior application. Status still proper and desired
 Preliminary Amendment
 Change of Address

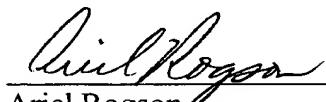
<u>CLAIMS AS FILED</u>				
For	Number Filed	Number Extra	Rate	Basic Fee
Total Claims	55-20	35	x \$ 9 =	315.00
Independent Claims	7-3	4	x \$ 39 =	156.00
Multiple Dependent Claim Fee			x \$130 =	0.00
TOTAL FILING FEE				\$851.00

Cancel in this divisional application original claims _____ of the prior application Serial No. _____ before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)
 A check in the amount of \$891.00 to cover [X] filing fee and [X] assignment recordal fee (\$40) is enclosed.
 Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

MARGER JOHNSON & McCOLLOM, P.C.


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